

APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403, Public Law 96-343, E.O. 9397.

PURPOSE: To start, adjust, or terminate military member's entitlement to BAQ.

ROUTINE USE(S). Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on FICA tax deducted, Department of Veterans Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting violations and possible violations of law, the American Red Cross for information concerning the needs of the member or dependents in emergency situations, the Air Force Aid Society to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare purposes, insurance companies for allotment information and financial institutions for deposits and/or payments.

DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAQ.

PART A - IDENTIFICATION & DUTY LOCATION

1. NAME (Last, First, MI)

2. SSN

3. GRADE

4. PHONE

5. DUTY LOCATION (Base, State, ZIP Code or Country)

HOUSING OFFICE or BILLETING OFFICIAL

NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS

QUARTERS ARE NOT ASSIGNED ☐ DATE:

ADEQUATE QUARTERS ☐ ASSIGNED ☐ TERMINATED
EFFECTIVE DATE: UNIT #

INADEQUATE QUARTERS ☐ ASSIGNED ☐ TERMINATED
EFFECTIVE DATE: UNIT #

PART B - MARITAL/DEPENDENT STATUS

6. ☐ SINGLE, NO DEPENDENTS ☐ SINGLE, CLAIMING DEPENDENT(S)

MARRIED - SPOUSE IS A ☐ CIVILIAN ☐ MILITARY MEMBER

IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:

☐ DIVORCED (Date) ☐ LEGALLY SEPARATED (Date)

TRANSIENT QUARTERS OCCUPIED - UNIT #
EFFECTIVE DATES FROM: TO:

TITLE

SIGNATURE

DATE

7. NON-CUSTODIAL PARENTS: I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ OR ☐ \$.00 PER MONTH FOR DEPENDENT'S SUPPORT BASED ON a. ☐ DIVORCE DECREE, b. ☐ COURT ORDER, c. ☐ LEGAL SEPARATION AGREEMENT OR d. ☐ WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I ☐ CLAIM BAQ FOR THE DEPENDENT ☐ IN ☐ NOT IN MY CUSTODY LISTED BELOW (Effective Date):

NOTE: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent). If dependent is a child include date of birth (DOB).

(a) NAME (Last, First, MI)

(b) ADDRESS, CITY, STATE, ZIP or COUNTRY

(c) RELATIONSHIP

(d) DOB

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE OTHER PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME

SSN

BRANCH OF SERVICE

STATION

PART C - MEMBER'S CERTIFICATION (For members with dependents)

☐ I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport.

CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child) I certify that this is my first application ☐ YES ☐ NO. If no, give date your last application was filed.

I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or a false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.

MEMBER'S SIGNATURE

DATE

OFFICIAL USE ONLY

START

CHANGE

CANCEL

REPORT

STOP

PARTIAL

WITHOUT
DEPENDENT

WITH
DEPENDENT

DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being ☐ spouse, ☐ single member claiming legitimate child in custody of another, ☐ legitimate child in single members custody, ☐ parents, ☐ stepchild, ☐ adopted child, ☐ incapacitated child, ☐ illegitimate child or ☐ child, member to member marriage.

I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here.

I have reviewed documents that support claim that member is E-7 or above and no military necessity requires the member to reside on base.

TITLE OF CERTIFYING OFFICIAL

SIGNATURE

OFFICE ADDRESS

DATE